## INDIANA WING TEMPEST RAPID REPORT

	Incident Command	ler:	Mission Number:			Mission Base:			Date/ Time:		
NC											
Rem 2   Requestor Information:	Item 1	m 1 Type of Mission Requested, Location, Estimated Duty Hours of CAP Resources:									
Rem 2   Requestor Information:											
Rem 2   Requestor Information:											
	NC 🔲										
Name:	NA 🗌										
Name:	1										
Title:	Item 2		on:								
NC		Name:						Phone			
NC		Title						i none.			
Rem 3	NC 🗌	Title.						Othory			
Incident	NA 🗌	Address:						Other.			
Incident											
NC	Item 3	Accident and Incider	t Reporting:								
NA		Incident	det	let Senior			Total		n 78 completed		
Na	NC 🗌	Injured									
NC											
NC		<u> </u>									
NA	Item 4	4 Type(s) of tasks being conducted:									
NA											
Item 5											
Ma	NA 🗌										
Ma											
Na		CAP Personnel being utilized:									
Item 6		# of Cadets:		#	of Seniors:				Total		
MC	NA L	" of caucis.		"	or semors.				10		
MC	T										
Ma											
Item 7											
# of Sorties:   Type:   # of Hours:     CAP Aircraft       NC	NA L	# of CAP Vehicles			# of Non-CAP Vehicles:				Total:		
# of Sorties:   Type:   # of Hours:     CAP Aircraft       NC	T										
CAP Aircraft	Item 7			1				1			
NC		# of So	orties:					# of Hours:			
NA	_										
Item 8	NC 🔲										
NC	NA L	Total									
NC	T4 0										
Ma		Communications:									
Item 9		# of Fixed Communication Stations:									
# Type	NA _	# OF FIXED COMMUNICATION STATIONS:									
# Type	Item 9	CAP Equipment Committed									
NC	1001117				#	Ty	ре		#	Type	
NA □   Item 10 Remarks:     NC □   NA □     NC = No Change Submit to State Director: 1) Upon Deployment 3) Interim Report with Changes			<u>`</u>							<u> </u>	
NA □   Item 10 Remarks:     NC □   NA □     NC = No Change Submit to State Director: 1) Upon Deployment 3) Interim Report with Changes	1										
NA □   Item 10 Remarks:     NC □   NA □     NC = No Change Submit to State Director: 1) Upon Deployment 3) Interim Report with Changes	NC $\square$										
Item 10       Remarks:         NC □ NA □       NC = No Change         Submit to State Director: 1) Upon Deployment       3) Interim Report with Changes											
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NC = No Change Submit to State Director: 1) Upon Deployment 3) Interim Report with Changes											
NC = No Change Submit to State Director: 1) Upon Deployment NA = Does Not Pertain to this Operation 2) Daily Report 4) Termination Report	NA 🗌										
NC = No Change Submit to State Director: 1) Upon Deployment 3) Interim Report with Changes NA = Does Not Pertain to this Operation 2) Daily Report 4) Termination Report	NO N	N1	T ~	1 1/2 0:	. D					ı, cı	
	NC = No (	nange Not Pertain to this Oper	ation Si	ibmit to Sta							

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